



Due By April 25, 2008

ID# 105894

07 FS-1

# Rhode Island Ethics Commission

## 2007 YEARLY FINANCIAL STATEMENT

RECEIVED  
RHODE ISLAND  
ETHICS COMMISSION  
08 APR 14 AM 11:15

DANIEL DAPONTE  
116 IVY STREET  
EAST PROVIDENCE RI 02914-

ALL QUESTIONS REFER TO THE CALENDAR YEAR JANUARY 1, 2007 THROUGH DECEMBER 31, 2007 UNLESS OTHERWISE SPECIFIED.

PLEASE ANSWER ALL QUESTIONS AND WHERE YOUR ANSWER IS "NONE" OR "NOT APPLICABLE" SO STATE. ANSWERS SHOULD BE PRINTED OR TYPED, and additional sheets may be used if more space is needed. For clarification of any question, read instruction sheet.

**Note:** If you are a state or municipal official or employee that is required to file a Yearly Financial Statement, a failure to file the Statement is a violation of the law and may subject you to substantial penalties, including fines. If you received a 2007 Yearly Financial Statement in the mail but believe you did not hold a public position in 2007 or 2008 that requires such filing, you should contact the Ethics Commission (See Instruction Sheet for contact information).

1. Da Ponte Daniel  
NAME OF OFFICIAL (LAST) (FIRST) (INITIAL)

2. 116 Ivy Street E. Providence, RI 02914  
HOME ADDRESS (STREET) (CITY/TOWN) (ZIP CODE)

MAILING ADDRESS (If different from home address)

3. List Public Position(s) you hold and governmental unit:

State Senator - Senate District 14  
(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

(PUBLIC POSITION) (MUNICIPALITY, STATE OR REGIONAL)

I was elected on 1/3/98 I was appointed on \_\_\_\_\_ I was hired on \_\_\_\_\_  
(date) (date) (date)

If you no longer hold a public position, state date of termination or resignation \_\_\_\_\_.

4. List elected office(s) for which you were/are a candidate in either calendar year 2007 or 2008 (Read instruction #4)

State Senator - Senate District 14

5. List the following: NAME OF SPOUSE NAME(S) OF DEPENDENT CHILD OR CHILDREN

Marcia Vitoria Furtado Sousa N/A

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2007. If self-employed, list any occupation from which \$1,000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

NAME OF FAMILY  
MEMBER EMPLOYED

NAME AND ADDRESS  
OF EMPLOYER OR OCCUPATION

DATES AND NATURE  
OF SERVICES RENDERED

*See attached*

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

NAMES

NATURE OF INTEREST

ADDRESS OR DESCRIPTION

*See attached*

8. List the name of any trust, name and address of the trustee of any trust, from which you, your spouse, or dependent child or children individually received \$1,000 or more gross income. List assets if known. **(Do Not List Amounts.)**

NAME OF TRUST: N/A

NAME OF TRUSTEE AND ADDRESS: \_\_\_\_\_

NAME OF FAMILY MEMBER  
RECEIVING TRUST INCOME: \_\_\_\_\_

ASSETS: \_\_\_\_\_

9. List the name and address of any business, profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or a management position.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

POSITION

*See attached*

10. List the name and address of any interested person, or business entity, that made total gifts or total contributions in excess of \$100 in cash or property during calendar year 2007 to you, your spouse, or dependent child. Certain gifts from relatives and certain campaign contributions are excluded. (See instruction #10)

NAME OF PERSON RECEIVING  
GIFT OR CONTRIBUTION

NAME AND ADDRESS OF PERSON OR ENTITY  
MAKING GIFT OR CONTRIBUTION

N/A

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

NAME OF FAMILY MEMBER

NAME AND ADDRESS OF BUSINESS

See attached

12. If any business listed in #11, above, did business in excess of a total of \$250 in calendar year 2007 with a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS  
OF BUSINESS

NAME OF AGENCY

DATE AND NATURE  
OF TRANSACTION

Unknown

13. If any business listed in #11, above, was a business entity subject to direct regulation by a state or municipal agency, **AND** you are a member or employee of the agency or exercise direct or legislative control over the agency, list the following:

NAME AND ADDRESS OF BUSINESS

NAME OF REGULATING AGENCY

unknown

14. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2008 and before the date you file this statement **AND** if said business was regulated by a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS OF BUSINESS

DESCRIPTION OF INTEREST (NOT AMOUNT)  
AND DATE ACQUIRED AND/OR DIVESTED

N/A

NAME OF REGULATING AGENCY

HOW REGULATED

15. If you, your spouse, or dependent child individually or collectively acquired or divested a 10% ownership interest or a \$5,000 or greater ownership or investment interest in a business after January 1, 2008 and before the date you file this statement, which did business in excess of \$250 with a state or municipal agency of which you are an employee or a member, or over which you exercise direct or legislative authority, list the following:

NAME AND ADDRESS  
OF BUSINESS

DESCRIPTION OF INTEREST  
DATE ACQUIRED AND/OR DIVESTED  
(DO NOT INCLUDE AMOUNT)

NAME OF STATE  
OR MUNICIPAL AGENCY

N/A

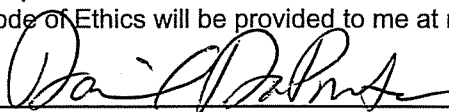
16. If you, your spouse or dependent child were indebted in an amount in excess of one thousand dollars (\$1,000) to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage of record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

NAME AND ADDRESS OF DEBTOR

NAME AND ADDRESS OF LENDER

See attached

I certify under penalty of perjury, that this Financial Statement is a complete and accurate response to the questions presented as to the financial information and interests during the year 2007 of myself, my spouse, and my dependent children. I acknowledge that I may request an advisory opinion from the Ethics Commission as to my conduct under the Code of Ethics. I understand that a copy of the Code of Ethics will be provided to me at no cost upon request by contacting the Ethics Commission.



SIGNATURE

State of Rhode Island

County of Providence

Subscribed and sworn to before me at East Providence this 11<sup>th</sup> day of April, 2008.

My Commission expires: 01-07-09



SIGNATURE OF NOTARY PUBLIC

**THIS STATEMENT WILL BE RETURNED IF IT IS NOT SIGNED AND NOTARIZED AND IF ANY QUESTION IS NOT ANSWERED.**

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Addendum page 1

Daniel Da Ponte  
116 Ivy Street  
East Providence, RI 02914

6. List the names of any employer from which you, your spouse, or dependent child received \$1,000 or more gross income during calendar year 2007. If self-employed, list any occupation from which \$1000 or more gross income was received. If employed by a state or municipal agency, or if self-employed and services were rendered to a state or municipal agency for an amount of income in excess of \$250, list the date and nature of services rendered. If the public position or employment listed in #3, above, provides you with an amount of gross income in excess of \$250 it must be listed here. **(Do Not List Amounts.)**

Name of Family Member Employed	Name and Address of Employer or Occupation	Dates and Nature of Services Rendered
Self	Self-Employed Financial Consultant Axis Financial Group Inc. - President 690 Warren Avenue East Providence, RI 02914	5/6/05 – present
Self	State of Rhode Island Senate 82 Smith Street Providence, RI 02903	11/3/98 – present
Self	First Choice Financial Group Inc. Employee - Loan Originator 1 Thurber Blvd. Smithfield, RI	01/20/06 – present
Marcia Sousa – spouse	Lucromais, Lda Accountant Rua Espirito Santo, n. 77 R/C Faja de Baixo, P. Delgada, Azores, Portugal	01/01 – present
Marcia Sousa – Spouse	Fundacao Desenvolvimento Socio-Prof. e Cultural da Ribeira Grande Largo Hintze Ribeiro R. Grande, S. Miguel, Azores, Portugal	11/04 - present
Marcia Sousa – spouse	Salsicharia Talhos Sousa Rua do Rosario, 77 R. Peixe, S. Miguel, Azores, Portugal	

7. List the address or legal description of any real estate, other than your principal residence, in which you, your spouse, or dependent child had a financial interest.

Names	Nature of Interest	Address or Description
Daniel Da Ponte & Jason M. Da Ponte	Owners	14449 Ahearn Court Port Charlotte, FL
Daniel Da Ponte & Jason M. Da Ponte	Owners	1000 Gardens Edge Dr. Unit 1022 Venice, FL

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Daniel Da Ponte  
116 Ivy Street  
East Providence, RI 02914

*7. continued*

Name	Nature of Interest	Address or Description
Marcia Sousa	Owner	Condominium Rua Nova Prestes, n. 19 S. Roque, S. Miguel Azores, Portugal
Marcia Sousa	Owner	Condominium Rua Manuel Amaral, n. 4 P. Delgada, S. Miguel Azores, Portugal

9. List the name and address of any business, profit or non-profit, in which you, your spouse, or dependent child held a position as a director, officer, partner, trustee, or management position

Name of Family Member Employed	Name and Address of Business	Position
Self	Axis Financial Group Inc. 690 Warren Avenue East Providence, RI 02914	Owner/President
Self	Axis Insurance Group, LLC 116 Ivy Street East Providence, RI 02914	Partner
Self	East Providence Boys & Girls Club 115 Williams Ave. East Providence, RI 02914	Board Member/Treasurer
Self	East Providence Battle Monuments Foundation 901 Broadway East Providence, RI 02914	Board Member
Self	East Bay Mental Health Center 2 Old County Road Barrington, RI	Board Member

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Daniel Da Ponte  
116 Ivy Street  
East Providence, RI 02914

9. *continued*

Self	Casa dos Acores da Nova Inglaterra (House of the Azores of New England) 160 Orchard Street East Providence, RI 02914	Board Member
Marcia Sousa – spouse	Salsicharia Talhos Sousa Rua do Rosario, 77 R. Peixe, S. Miguel, Azores, Portugal	Partner

11. List the name and address of any business in which you, your spouse, or dependent child individually or collectively holds a 10% or greater ownership interest, or a \$5,000 or greater ownership or investment interest.

Name of Family Member	Name and Address of Business
Self	Axis Financial Group Inc. 690 Warren Avenue East Providence, RI 02914
Self	Axis Insurance Group, LLC 116 Ivy Street East Providence, RI 02914
Self	Citigroup (C) – Common Stock Pfizer (PFE) – Common Stock UBS AG (UBS) – Common Stock Berkshire Hathaway B (BRKB) – Common Stock Yahoo Inc. (YHOO) – Common Stock EMC Corp. (EMC) – Common Stock
Marcia Sousa – spouse	Salsicharia Talhos Sousa Rua do Rosario, 77 R. Peixe, S. Miguel, Azores, Portugal

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Daniel Da Ponte  
116 Ivy Street  
East Providence, RI 02914

16. If you, your spouse or dependent child were indebted in an amount in excess of one thousand dollars (\$1,000) to any person, business entity or other organization other than (i) any person related to you, your spouse or dependent child at any time within the third degree of consanguinity, or (ii) a financial institution regulated by any state or by the United States where such indebtedness is secured solely by a mortgage or record on real property used exclusively as your principal residence, or (iii) any indebtedness arising from transactions involving credit cards, please list the following:

Name and address of debtor

Daniel Da Ponte  
116 Ivy Street  
East Providence, RI 02914

Daniel Da Ponte  
116 Ivy Street  
East Providence, RI 02914

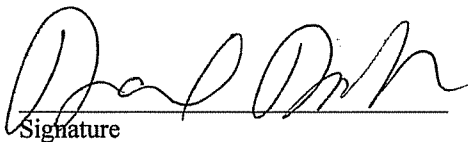
Daniel Da Ponte  
116 Ivy Street  
East Providence, RI 02914

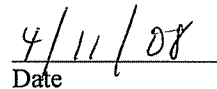
Name and address of lender

Ratcliffe, Burke, Harten & Elias, LLP  
1600 Financial Plaza  
Providence, RI 02903

Alliance Blackstone Valley Federal Credit  
594 Central Avenue  
Pawtucket, RI 02861

Taylor, Bean & Whitaker  
1417 N. Magnolia Avenue  
Ocala, FL 34475

  
Signature

  
Date